

**Health Data Committee**  
**Meeting Minutes**  
**November 9, 2000**

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Those in attendance: Committee Members - Orrin Colby, Clark Hinckley, Bob Huefner, Wen Kuo, Sandy Peck, Keith Peterson, Greg Poulson, Lori Reichard & Michael Stapley.  
Guests and Staff - Michelle McOmber (UHA), Rod Betit (UDOH), Robert Rolfs, Wu Xu, Chungwon Lee, John Morgan, Janet Scarlet. Gulzar Shah, William Stinner and Greg Stoddard  
Absentees: Andrew Bowler, Penny Brook, Michael Dean, & Dennis Tolley

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Orrin Colby presiding at the meeting.

I. Meeting minutes from 8/17/2000 were approved. Unanimously

II. Rod Betit, Director of the Utah Department of Health - Possible Directions of the Committee

**REVIEW THE CODE**

- Title 26-33a-104 Purpose, powers and duties of the committee
- “The purpose of the committee is to direct a statewide effort to collect, analyze, and distribute health care data to facilitate the promotion and accessibility of quality and cost-effective health care and also to facilitate interaction among those with concern for health care issues.”
- HDC is seen as an independent body

**MAJOR USERS OF THE DATA**

- Employers
- Consumers
- Health Plans
- Provider Associations
- Health Policy

**EMPLOYERS:**

- Data could be very useful to them
- Interest (awareness?) has been weak
- Advantages for changing health plans has to be based on solid, compelling data which can be expected to hold up long term - can we meet that expectation?
- Employers vary in capability to analyze data and negotiate with plans. Medium and small employers not in a position generally to do this.
- Any reason to believe that this will change?

**CONSUMERS:**

- Major player that should have strong interest in credible data
- Again, interest has been weak in overall health plan performance (cost, quality and access).
- Decisions generally based on which plans include their physician, and if they are astute whether their physician's hospital is in the approved network (both are not necessarily guaranteed by a plan), PA requirements, share of monthly premium, deductible and co-payments requirements.
- Consumers do not ask about overall per enrolled member total cost of care, the rate of

surgical intervention for sentinel procedures, outcomes of sentinel procedures, numbers and types of substantiated complaints, type and availability of administrative appeal procedures, portability of coverage when out of the state or out of the network (particularly for emergency care or emergency medical transport), etc.

- This is not likely to change until consumers take a more active role in choosing health plans. Employers still predominantly fill this role and will do so for the foreseeable future.
- Consumer's most interested in quality of care and treatment outcome data around specific illnesses. This is not the domain of the HDC.
- Question, how can HDC make the consumer more aware of the importance of some of these factors when they choose a health plan?
- Question, can the HDC effectively play to the consumer in creative ways to indirectly influence employer health care decisions?

#### HEALTH PLANS

- Have their own data analysis capabilities
- Generally do not want polished reports from HDC, but rather want raw data to do their own interpretation of how they are performing relative to cost, quality and access.
- HMO satisfaction report is a good example of something that the consumer could use IF they are offered multiple plans to choose from by their employer.
- Cost is a real issue

#### HEALTH POLICY

- No longer have the Health Policy Commission to address this
- Title 26 contemplates the HDC taking some role in formulating health policy through, "better data, more extensive or careful analysis, or improved dissemination of health data."
- HDC can explore creative market offerings to determine if they meet a need effectively for a significant segment of the community. Example is the work I did with two pilot Alliances, including providing some start up money in return for full access to all data relevant to administration, premium computation, provider reimbursement, etc. to ultimately determine whether voluntary alliances could be a viable solution for small and medium employers. HDC was invited to participate in this but chose not to.
- Another policy question is whether managed care has produced improved individual health status for its members at a lower per person cost than traditional indemnity plans. That was the goal wasn't it? Did we achieve both parts of this goal or only one? Have some plans achieved both and others not. Do we have data to even answer these questions?
- DOH has a strategic issue pyramid that is updated annually indicating clearly those priority policy issues that the EDO has selected for top Administration attention. You may want a presentation at some future meeting about this "Strategic Pyramid" process and the issues that are currently on the table. Some of those issues are:
  - Teen suicide prevention initiatives
  - Effective tobacco prevention and cessation strategies
  - Patient safety initiatives
  - Health care access initiatives
  - Immunization initiatives
  - Ethnic and Indian health initiatives

- Competitive bidding for Medicaid nursing home services
- Assessing the pros and cons of continuing the Medicaid nursing home moratorium that controls number of beds.
- Testing a new nursing home product that bundles all physical health, mental health, long term care, residential care and social support services under one provider acting as a "medical home" charged with providing best quality of life at least restrictive level of care.
- Same as what we did with chronic mental health program in 1992 - HDC was not involved with that either

## SUMMARY

- HDC needs to define their customer - need their support for survival and long term funding. This battle will not go away.
- HDC needs to select several specific data initiatives that will "add value" to the health dialogue and carve out a role for the HDC to play. What is HDC's strategic pyramid?
- HDC needs to be politically astute but not timid about diving into some of the critical questions before us.
- HDC needs to connect itself more solidly to one or more of DOH's initiatives to build a stronger relationship with the Department and look at the health care issues at a more macro policy level - this will give the HDC insights that will serve it well on the more narrow initiatives it designs and carries forward.
- As a department, we need help to deflect some of the legislative noise coming to the UDOH. The Committee may want to support some of the UDOH's ideas. Also working with the problems UDOH have already identified may make HDC stronger. That communication between UDOH and HDC should be happening.

## Committee's Discussions:

- Insurance cost is going up, employers are trying to find a way to compete and are cutting benefits and hours that must be worked, to have insurance.
- The uninsured people are escalation in Idaho.
- We should pick this up and see what we can do to give the consumer a choice.
- Employers don't want preventative package, but just the basics, because of the cost.
- We need to be prepared when Utah has to confront this problem.

## III. Membership -

Dennis Tolley (public health rep.) and Mike Dean (physician rep.) have both resigned. Please tell Orrin of any replacements that you might have in mind. This is also Keith Petersen's last meeting. He has been the HMO representative.

## IV. Staff --

Wu Xu (pronounced Woo Shoe) is the new Director of the Office of Health Care Statistics (starting Jan. 1, 2001). She is coming from the USIIS program in UDOH. She will be a great asset to the Office. Vote on this appointment as Executive Secretary of the HDC. Unanimous vote.

## V. Executive Committee meetings -

Chair, Vice Chair and Exc. Secretary will meet monthly to discuss the HDC major

activities and set up agenda's for the committee. The Committee members need to take active roles in small groups on specific issues.

VI. Updates –

- Bob Rolfs made a presentation to the State IT Commission. Feedback was positive. Some Commission members asked whether the data collected was for public good or for sale. They invited UDOH Data Center and HDC to come back for another presentation.
- HCS held a Technical Advisory Committee meeting with health plans in Utah on HEDIS & CAPHS data collections. The health plans agreed to jointly conduct the 2001 CAPHS survey.
- Hospital data release is behind but is getting caught up now
- HDC Biennial Report is out. We have sent a electronic copy to the legislative group over the HDC.

Next meeting Monday January 8, 2001

5:10 PM adjourned